



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY AND RESOURCE ASSESSMENT DIVISION
GEOLOGICAL SURVEY PROGRAM

**REQUEST FOR PRELIMINARY INVESTIGATION OF
PROPOSED SOLID-WASTE DISPOSAL AREA**

FOR OFFICE USE ONLY

PROJECT CODE

DATE RECEIVED

FACILITY OR PROJECT LOCATION

FACILITY OR PROJECT NAME

¼ ¼ SECTION	¼ ¼ SECTION	¼ SECTION	SECTION	TOWNSHIP N.	RANGE E/W	QUADRANGLE NAME
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WRITTEN LOCATION IF LEGAL DESCRIPTION IS UNAVAILABLE

COUNTY

OWNER INFORMATION

OWNER'S NAME

TELEPHONE

ADDRESS

CITY

STATE

ZIP CODE

EVALUATION REQUESTED BY

NAME AND COMPANY OF REQUESTOR

TELEPHONE

ADDRESS

CITY

STATE

ZIP CODE

FACILITY INFORMATION

TYPE OF DISPOSAL AREA PROPOSED

- | | |
|---|--|
| <input type="checkbox"/> SANITARY LANDFILL | <input type="checkbox"/> DEMOLITION LANDFILL |
| <input type="checkbox"/> UTILITY WASTE LANDFILL | <input type="checkbox"/> **SPECIAL WASTE LANDFILL* |

*Please specify type of special waste _____

ESTIMATED SIZE OF DISPOSAL AREA IN ACRES

**A special waste is defined as "solid-waste requiring handling other than normally used for municipal waste".

SKETCH OR MAP MUST BE SUBMITTED WITH REQUEST!

A sketch map or photocopy of topographic map must contain the following: all known wells, springs, sinkholes, caves, mines, roads, and dwellings within ¼ mile of the facility. Show the estimated boundaries of the disposal facility and any existing borings, test pits, or excavations which expose soil or bedrock. Include a scale and north arrow on the sketch map.

COMMENTS

REQUESTOR'S SIGNATURE

DATE

OWNER'S SIGNATURE (INDICATES PERMISSION TO ACCESS PROPERTY)

DATE